

**Briggs Wellness Center**  
399 Ninth St N., Naples, FL 34102  
PH: (239) 624-2750 - Fax: (239) 624-2751  
WellnessEnrollments@nchmd.org



**Whitaker Wellness Center**  
2330 Immokalee Rd., Ste 1, Naples, FL 34110  
PH: (239) 624-6870 Fax: (239) 624-6871  
WellnessEnrollments@nchmd.org

**NCH Wellness & Fitness Centers Electronic Funds Transfer (EFT) Authorization Agreement**

I (we) \_\_\_\_\_ hereby authorize Naples Healthcare System, Inc. Wellness Center to initiate debit and/or credit entries of membership dues and applicable appointment fees to my (our) account indicated below and does further authorize the depository institution named below to debit and/or credit such entries to my (our) account.

**SELECT CHOICE BELOW**

**OPTION 1** Payment from a Checking Account. A voided check must be attached to this form.

**OPTION 2:** Payment by Credit Card - Circle One (Visa, MasterCard, Discover or AmEx)

**Credit Card Number** (Last 4 digits only) \_\_\_\_\_ **Expiration Date** (mm/yy): \_\_\_\_\_

*I acknowledge and agree to the following terms and conditions outlined in this EFT Form with my signature below:*

**EFT TERMS & CONDITIONS**

- The EFT Authorization Agreement will remain in effect until terminated by either party upon written notice, unless member refuses payment for debit entry or sufficient funds covering the EFT are unavailable, in which case the agreement may be terminated by the Wellness Center.

**Monthly Membership:**

- **Drafts-** Members participating in the EFT program for the first time will have membership dues drafted beginning the month after the completion of this form. All charges or credits on the member's account prior to the first EFT will be collected at time of transaction. Drafting occurs on the 1st day of each month (or next business day). Failed drafts are re-run on the 2<sup>nd</sup> day of the month. Monthly drafts will include all fees accumulated on or prior to the date of drafting including membership dues, any unpaid balances for membership and/or services, and the full cost of massage/pilates/wellness training appointments cancelled by the member with less than a 24 hour notice.
- **Holds-**This EFT form serves as notice that member is aware of and agrees to NCH Wellness Hold Policy. Member may place membership on "hold" for a minimum of 4 weeks and a maximum of 12 months per hold. Member must fill out a "Hold Form" for the hold to be guaranteed and must furnish proof of such form if a discrepancy occurs. Holds must be done in writing and will not be taken over the phone. **Phone messages will not be accepted as proof of hold.** Account balance must be paid in full before putting account on hold. Forms must be received by the 25<sup>th</sup> day of the month preceding the requested hold start date. Monthly members may not place membership on hold prior to one full month's billing cycle following a new join or reactivation. **Memberships are continuous and remain in effect, regardless of attendance, until written notice or "Hold Form" is filled out and turned in by the member.** NO refunds for hold notices received after a monthly draft has been processed. Hold status CAN NOT be backdated.

**Massage & Pilates Reformer:**

- To schedule a massage and/or Pilates reformer appointment, a credit card and completed EFT form must be on file regardless of your payment method. This includes those paying via payroll deduct, gift-card, gift-certificate, or a package/series sale.
- If participating in massage and/or Pilates services, a minimum notice of 24 hours from the scheduled appointment time is required to reschedule and/or cancel. Changes or cancellations must be done via the phone, email, or in person during the Center's business hours only. If less than 24-hour notice is provided, or you fail to show up for your appointment, you will be charged the full price of the appointment on the day of the scheduled appointment.

***By signing this form, member(s) understands and agrees to all terms and conditions outlined above.***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Name Matches CC: \_\_\_\_\_ Staff Initial: \_\_\_\_\_